

# CLAIM FORM FOR LOSS OF SUPPORT

## THIS FORM IS TO BE COMPLETED BY THE CLAIMANT

CVR NUMBER:

CLAIMANT:

VICTIM:

You claim investigator is:

If you need assistance, call:

### STEP 1. REVIEW AND ANSWER THESE QUESTIONS ABOUT LOSS OF SUPPORT.

**NOTE:** A. You may only claim "Loss of Support" expenses if the victim is deceased and you are one of the following:

- 1) Spouse of the victim
- 2) OR -- a dependent of the victim
- 3) OR -- the guardian of the victim's dependents

B. You must provide evidence that the victim supported you or the dependent listed below.

If you are the *spouse*, complete the following:

- 1) Have you ever worked outside the home? ☐ Yes ☐ No

If yes, when/what was that last job? \_\_\_\_\_

- 2) Do you have any disabilities or physical limitation that prevent you from working? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

- 3) Do you have any other limitations that prevent you from supporting yourself? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### STEP 2. EXPLAIN RELATIONSHIP BETWEEN DEPENDENT AND VICTIM and/or CLAIMANT

Names and Ages of Dependents	Relationship of Dependents to <i>Victim</i>	Relationship of Dependents to <i>Claimant</i>	Dependents Eligible for SSI Yes or No ?	Dependents Eligible for Pension Plans: Yes or No?

**STEP 3. OBTAIN THE NECESSARY DOCUMENTATION.** Check off documents as they are attached. **Explain**, if not.

1. ☐ Letter of approval/denial of benefits from Social security Office about SSI benefits
2. ☐ Copy of Victim's last tax return (must show evidence of dependence). Include W-2s where possible.
3. ☐ Copy of EMPLOYMENT VERIFICATION FORM from VICTIM'S former employer
4. ☐ Copies of court documents and/or tax return show evidence of dependence. If not available, please explain:

\_\_\_\_\_  
\_\_\_\_\_

SEND THIS FORM AND THE REQUIRED ATTACHMENTS TO:

**STEP 4. SIGN HERE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_